

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

ID 566064

CLAIMS

	AS FILED		AFTER		AFTER	
	IND.	DEP.	1 st AMENDMENT	IND.	DEP.	2 nd AMENDMENT
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TOTAL IND.				1		
TOTAL DEP.			13			
TOTAL CLAIMS			14			

	AS FILED		AFTER		AFTER	
	IND.	DEP.	1 st AMENDMENT	IND.	DEP.	2 nd AMENDMENT
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